2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# P02000118332

Entity Name: ACTIVE PAIN CLINIC, P.A.

Current Principal Place of Business:

5303 LOCUST PLACE
NEW PORT RICHEY, FL 346523736

New Principal Place of Business:

Current Mailing Address:

5303 LOCUST PLACE
NEW PORT RICHEY, FL 346523736

New Mailing Address:

FEI Number: 56-2303370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANE, LESTER E
5303 LOCUST PLACE
NEW PORT RICHEY, FL 346523736

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: A. HUSSAM ARMASHI,
Address: 4547 LAKE IN THE WOODS
City-St-Zip: SPRING HILL, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: ARMASHI, A HUSSAM
Address: 4547 LAKE IN THE WOODS
City-St-Zip: SPRING HILL, FL 346072510

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A HUSSAM ARMASHI P 04/22/2004

Electronic Signature of Signing Officer or Director — Date